

Maine Takes a Closer Look at Lung Cancer Screening to Prevent Cancer Deaths

by: Becky Pearce, MA

SUMMARY

In 2013, the US Preventive Services Task Force (USPSTF) issued a new recommendation for annual lung cancer screening with low-dose computed tomography (LDCT) in adults aged 55 to 80 with a history of smoking. This includes adults who (1) have a 30 pack-year smoking history and (2) currently smoke or quit within the past 15 years. In 2015, the Maine Comprehensive Cancer Control Program (MCCCP) conducted a survey to find out how many health facilities offered the screening, how many patients were screened, and what barriers prevented screening.



CHALLENGE

Cancer is the leading cause of death in Maine, and lung cancer is the leading cause of cancer-related death in the state. Although lung cancer death rates have declined in Maine since 2002, they continue to be significantly higher than the national rate. During 2008–2010, 75.2% of lung cancers in Maine were diagnosed at a late stage. LDCT (versus chest x-ray) is better able to detect early-stage cancer, when it is easier to treat, and could help reduce

lung cancer death rates. However, Maine is a largely rural state and more information was needed to know if patients residing in rural areas had access to LDCT screening.

YOUR INVOLVEMENT IS KEY

The 2015 survey was the first step in developing a more comprehensive assessment of availability of LDCT lung cancer screening in Maine. To increase statewide involvement, survey results were shared with the participants and other key partners, including the Maine Lung Cancer Coalition. Partners provided positive feedback, and the MCCCP was invited to present the survey results at the Maine Lung Cancer Screening Summit.

"Unfortunately, approximately 75% of new lung cancers in Maine are diagnosed at a late stage. Screening, particularly LDCT lung cancer screening, helps detect this disease early, when treatment can be more effective for the residents of Maine."

- Dr. Christopher Pezzullo, State Health Officer

Contact

Becky Pearce, MA

Maine CDC Comprehensive Cancer
Control Program
286 Water Street, 4th floor
SHS 11
Augusta, ME 04333-0011
207-287-4321 phone

SOLUTION

The MCCCCP conducted a survey to assess the availability of LDCT lung cancer screening in Maine, regardless of eligibility. Fourteen facilities were surveyed on three items: (1) the screening recommendations used, (2) the estimated number of patients screened, and (3) the perceived barriers to LDCT lung cancer screening. Survey results created a snapshot of the current healthcare environment around screening and were used to create a baseline of Maine facilities providing LDCT lung cancer screening. MCCCCP will repeat the survey each year and use the information to maintain a current list of screening facilities for doctors and patients.

RESULTS

Seventeen facilities were identified to participate in the survey. Fourteen facilities responded that they provided LDCT lung cancer screening services during 2015. These facilities conducted 1,131 LDCT lung cancer screenings. Most (84.4%) were conducted in the two most populated counties. The rest were provided in five counties. The survey also identified barriers to screening, including limited staffing, lack of patient and provider education, screening costs, and data reporting requirements of the Centers for Medicare & Medicaid Services (CMS). Ten of the 14 responding facilities followed either CMS (six facilities) or USPSTF (four facilities) recommendations to determine lung cancer screening eligibility.

U.S. Department of Health and Human
Services
Centers for Disease Control and
Prevention
NCCDPHP

Contact CDC

<http://www.cdc.gov/cdc-info/requestform.html>

Web site

<http://nccd.cdc.gov/nccdsuccessstories/>

The findings and conclusions in this success story are those of the author(s) and do not necessarily represent the official position of the funding agencies or the Centers for Disease Control and Prevention (CDC).

SUSTAINING SUCCESS

The MCCCCP will continue to conduct an annual survey of lung cancer screening facilities in Maine, particularly those providing LDCT lung cancer screening. As more doctors recommend lung cancer screening for their patients, the survey will investigate potential disparities and screening gaps. The program also added the optional lung cancer screening module to the Maine Behavioral Risk Factor Surveillance System in 2017 to monitor lung cancer screening rates. Lung cancer mortality rates and incidence by stage of diagnosis will be used to measure the impact of lung cancer screening and to determine the future direction of lung cancer screening in Maine.

National Center for Chronic Disease Prevention and Health Promotion
NCCDPHP

